



Docket No. 13761701

TECH CENTER 1640/290

FEB 07 2003

RECEIVED

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[X] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: Dec. 30, 2002

Name of Person Certifying: Nancy Hine

Printed Name: Nancy Hine

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Parkash S. Gill	Assignee:	University of Southern California
Filing Date:	April 23, 2001	Examiner:	Holleran, Anne, L.
Serial No.:	09/743,684	Group Art Unit:	1642
Title:	NOVEL INHIBITORS OF ANGIOGENESIS AND TUMOR GROWTH		

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on October 2, 2002 enclosed herewith for filing are the following:

- ☐ A Response/Amendment [] page(s)
- ☒ A Response to Restriction Requirement under 35 USC § 121 [3] pages
- ☐ An Amendment Under 37 CFR § 1.111 [] page(s)
- ☐ An Amendment Under 37 CFR § 1.116 [] page(s)
- ☐ Other _____ [] page(s)

Also included are:

- ☒ Authorization for fee withdrawal for a
Petition for Extension of Time for 2 months (see page 2)
- ☐ Information Disclosure Statement
[] page(s) of PTO-1449 [] copies of IDS citations
- ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.
- ☐ Other: _____
- ☒ Return Postcard

Fee Calculation						
<input checked="" type="checkbox"/> The following fees are submitted:					CALCULATIONS:	
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	\$
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	47	52	-0-	× \$18.00	× \$9.00	\$ -0-
Independent claims	5	6	-0-	× \$84.00	× \$42.00	\$ -0-
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$280.00	\$140.00	\$ -0-
Petition for Extension of Time Fee (2 months)						\$ 200.00
OTHER FEES _____ (specify)						\$
TOTAL FEES =						\$ 200.00

- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☒ Please charge Deposit Account No. **50-2518**, Docket No. **13761-7011**, in the amount of **\$200.00** to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. **50-2518**, Docket No. **13761-7011**. *A duplicate copy of this sheet is enclosed.*

DATE: December 30, 2002

Respectfully submitted,

By: _____

Chris J. Ullsperger, Ph.D.
Registration No.: 48,006

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